provides services for about 5 million American veterans, has been overloaded for decades. We know that. The current backlog consists of more than 300,000 claims. That is 300,000 of our veterans who are waiting to get their claims adjudicated.

Mr. Speaker, because we have mobilized so many of our Reservists and National Guard persons to fight in Iraq and Afghanistan, nearly 150,000 have become eligible for health care and VA benefits as of August 1, and that number is rising. But this is the alarming information that is contained in The Washington Post article.

It says: ''At the same time, President Bush's budget for 2005 calls for cutting of the Department of Veterans Affairs staff that handles benefit claims, and some veterans report long waits for benefits and confusing claims decisions.''

Think of that. At a time when we are at war, when more and more of our soldiers are being terribly injured and are in need of the VA health care system, when claims are backlogged amounting to 300,000, the President sends this Congress a budget that actually calls for cuts in the number of people who are responsible for processing these claims.

The article that I am referring to makes reference to one particular soldier. ''I love the military. That was my life,'' says this soldier, ''but I don't believe they are taking care of me now.''

He is Staff Sergeant Gene Westbrook, 35, of Lawton, Oklahoma. He was paralyzed in a mortar attack near Baghdad this past April, but he has received no disability benefits because they say his paperwork is missing. Now he is trying to support himself, his wife and his three children on his regular military pay of $2,800 a month as he awaits a ruling that could provide him up to $6,500 a month in terms of VA disability benefits.

Mr. Westbrook was deployed to Iraq in January where he served as a drill sergeant. He was sent to train Iraqi Army recruits. While on duty on April 28, south of Sadr City in Baghdad, he was hit by a mortar shell and the shrapnel severed his spine. He is now paralyzed from the chest down. He has limited movement in his right arm and he battles constant infections. His wife takes care of him full time.

Sergeant Westbrook praises the Army for the medical care he has received, but is it not shameful that this veteran would be waiting for benefits, and that we would have a President who would cut the budget for those who are charged with processing these claims?

□ 2100

The SPEAKER pro tempore (Mr. MURPHY). Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. HINCHEY) is recognized for 5 minutes.

(Mr. HINCHEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

(Mr. MCDERMOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. BLUMENAUER) is recognized for 5 minutes.

(Mr. BLUMENAUER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

U.S. FOREIGN POLICY PLAGUED WITH ATTENTION DEFICIT DISORDER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. RYAN) is recognized for 5 minutes.

Mr. RYAN of Ohio. Mr. Speaker, it has been a very interesting time in the past couple of years. I have come to this floor on many occasions to talk about what is happening in Afghanistan. The truth and the reality I think is becoming more apparent to all of us as American citizens; and as the Presidential debates and the Presidential contest and the election of this year coming up in the next few weeks is coming to a close, this issue is becoming more and more relevant.

I think it is becoming more and more relevant, Mr. Speaker, because it illustrates that the foreign policy of the United States of America has attention deficit disorder.

After 9/11, in which we were attacked by Osama bin Laden, al Qaeda, housed by the Taliban in Afghanistan, an international coalition went to Afghanistan and said to the world that we are together in the fight against terrorism. Unfortunately, several months after that, the United States, pretty much by itself, even though the President said the other night, well, we have Poland with us; well, now Poland is withdrawing its troops and its support from the battle in Iraq.

So we shift our focus from the battle in Afghanistan, and the international coalition that we had, to Iraq. The satellites that were focused on Afghanistan trying to find Osama bin Laden, trying to find exactly what was going on with the drug trade and opium production in Afghanistan, the satellites turned and began to face Iraq. Troops that we had in Afghanistan went to Iraq. Interrogators that we had in Afghanistan went to Iraq. Funding that should have gone to Afghanistan went to Iraq.

Now, the President said several weeks ago that the Taliban is gone, that the Taliban does not exist anymore. That is completely and utterly false. The Taliban is still in existence. They are still fomenting problems in Afghanistan. They are still controlling some of the attacks that are going on in Afghanistan. And the quotes in today's paper were saying, a quote from a high-ranking official in the Taliban, the quote was, we are going to kill anyone who goes and tries to vote in Afghanistan elections, anyone who wants to run for office in Afghanistan, and anyone who would otherwise participate in the elections in Afghanistan. Why? Because Karzai is a puppet to the United States of America.

We have 17,000 troops in Afghanistan. We have 130,000 troops in Iraq. We cannot find Osama bin Laden. And today in the newspapers all over the country, stated from Afghanistan officials who are working with the United States, United States officials, that the trail to Osama bin Laden is cold. Cold. We have nowhere to go, we have nowhere to look; we do not know where he is. We dropped the ball, we outsourced the project to people in Afghanistan instead of giving it to the best, most highly trained, highly skilled units in the world, because we have attention deficit disorder, because we had to go to Iraq, we had to drop $200 billion, and everything this administration said to us before the war has proven not to be true.

We are going to be able to use the oil in Iraq for reconstruction: not true. We have spent $200 billion; the taxpayer has spent funding this debacle in Iraq. We were told we were going to be greeted as liberators. Now we are greeted as occupiers. It has gotten so bad in Iraq, the Italians are now paying $1 million to get hostages back. So the Italians are paying $1 million to the insurgents in Iraq to fund the insurgents against us. It is ridiculous. This has been a debacle from the get-go, and it is time we square things around before we have a narco-state in Afghanistan on our hands.

THE TRUTH ABOUT THE MEDICARE MODERNIZATION ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, it is a pleasure to come before my colleagues

on the House floor this evening to spend an hour with them talking about the new Medicare Prescription Drug part D and Medicare Modernization Act, which was passed in December 2003 in a bipartisan fashion by this body and signed into law by President Bush. But before we get started, I want to spend time going through a lot of the nuances of this bill and make sure that all of my colleagues, and especially, of course, if some seniors and people that are watching this body and paying attention to what we say here on this floor, it will help them better understand, and I think we will have spent a very, very beneficial hour this evening.

Before I get started, I cannot help but think about, this is October 4, the fall of the year, the most beautiful time of the year in many parts of this great Nation of ours, especially in my home State of Georgia and my 11th Congressional District in the northern part of the State. In 27 days will be one of my favorite holidays, and I am sure my colleagues would agree with me that Halloween, Halloween is always one of the most fun times of the year, especially if you have children, as I have. Now they are adults. I also now have precious grandchildren. What an exciting thing to go door to door in your neighborhood, in a safe environment, trick or treating, maybe even scaring people a little bit, scaring other kids with the costumes and the spooks and the goblins; and every now and then, if you do not get a good treat when you knock on somebody's door, some mean old, grumpy adult, you will scare them too.

But what we are seeing today in this body, maybe because it is a Presidential election year, but all of a sudden, Halloween does not seem so funny to me anymore, because what I am seeing from Members of this very body is adults scaring adults. And not just scaring adults, but scaring specific adults, and that is the great senior citizens of this country. In fact, I call these scare tactics, without putting on a costume, it is mainly just rhetoric, I call it Mediscare, Mediscare.

I am sure lots of seniors, I know they have in my district, because I have gone across the 17 counties doing well over 60 town hall meetings now with senior citizens, talking to the seniors about this new program, this good program, this good first step. But they have already been scared. They have been scared by so much of this rhetoric, as an example, that says you are going to lose your Medicare as you know it. They, the Republican majority, the President of the United States, this administration, they are going to take away Medicare as you know it. That is one Mediscare tactic.

Another: this bill is nothing but a giveaway to the pharmaceutical industry; that is all it is. The pharmaceutical industry contributes all of this money to Republican Members of the Congress to buy this bill. In fact, the pharmaceutical industry, they drew up the bill. It is nothing but a giveaway to the pharmaceutical industry.

I am going to refute some of these Mediscare tactics, and on that one I would like to right at the outset say, if that were true, when Medicare was first signed into law by a Democratic President, Lyndon Johnson, in 1965, and we had part A and part B, part A, the hospital part; part B, the doctor part. I never heard anybody say, and I am sure my colleagues never heard anybody saying that part A was nothing but a giveaway to the hospitals, or that part B was nothing but a giveaway to the doctors, because they happen to be the ones who respectively provided that care under part A and part B.

No, they did not call it a giveaway. In fact, the hospitals and the doctors, over the 38 years of the program, and it is a good program, I think it has served us well. I do not think we could get too many of my physician colleagues, and oh, by the way, I think my colleagues know that I am one of seven physician members of this body; not many of my colleagues are saying today Medicare part A or medicare part B, certainly my rural hospitals in the 11th Congressional District of Georgia, they are not saying Congressman, part A medicare has been nothing but a money tree for us, it has been wonderful, part A has been great for rural hospitals. No. They are struggling. Every day they are struggling.

So we hear all of these things and these scare tactics and telling the seniors, even now that we have this interim prescription drug discount program, because it takes a while to get the prescription drug benefit, the insurance part, and it is totally, totally optional, not required; but we will not have that ready until January of 2006. But this President and this Congress and this leadership, this Republican leadership, knew that our seniors needed relief right now. They really do. Some are trying to make these decisions about paying their utility bill or their mortgage payment; and all of a sudden, it is time to refill that prescription and they do not have the money to do it. And they are breaking pills and they are skipping pills. These seniors, those who are on fixed income, those low-income seniors who are in that bind really cannot wait until January 1 of 2006. They need relief right now.

That is what the interim prescription drug discount program is all about. It is a Godsend for them. Yet, here again, Halloween is upon us, really a Presidential election is upon us, just 3 days after Halloween. That is what it is all about. But to scare seniors, especially those needy seniors who, by just signing up for that prescription drug Medicare-approved discount card get a $600 credit each of the 2 years; a $1,200 credit toward the purchase of those much and badly, desperately needed drugs. They are being scared into not signing up, not picking up that telephone and dialing 1–800 Medicare and spending 15 to 20 minutes at most on the phone and getting that card in their hand.

These cards have been available since June 1 of this year. I am very pleased that 1.8 million currently have them of the low-income, needy seniors, and something like 4 million overall. But we need to do better, and the reason we are not doing better is simply because of this Halloween Mediscare mentality of scaring seniors into not participating.

□ 2115

Well, enough of that. We will get back to that maybe a little later in the hour. But let us talk a little bit about the reason that we need to have a prescription drug benefit under Medicare.

Well, it is a 38-year-old program. Medicare as we know it is a 38-year-old program. It is a 20th century health care program with no coverage for prescription drugs, none whatsoever, except certain medications that are actually administered by a physician in a doctor's office intravenously or intramuscularly to treat maybe end stage renal disease and cancer, chemotherapy. Anything else, any time the general practitioner, the family practitioner, the general internist, writes those three or four prescriptions, none of that, that is all out of pocket. And many of our seniors do not have any coverage.

They do not have an insurance program through the VA program or TRICARE or as retirees for let us say a State worker or Federal employee or maybe a generous benefit from a company they have worked for for 35, for 40 years. Many of them do not have that. They have absolutely nothing. So this program is way, way overdue. And so many other Congresses and other presidents, the Democratic majority have made promises to our seniors and talked about delivering, delivering on a promise and failed to do so. And all of the sudden this President has the courage and the wisdom and the insight and the compassion to get a tough bill through this Congress. And now, instead of getting credit for that, these Medicare tactics are trying to discredit him over that. Amazing. In fact, down right appalling.

Another scare tactic is this, and I know we all have heard it. When we debated the bill there was a lot of discussion about this, and some of the seniors organizations were very concerned about, is it possible that when we start offering a prescription drug benefit under Medicare, are many of the conditions that currently have a health retirement benefit for their employees, for their retired employees, that does include prescription drugs, are they going to be encouraged because now this Medicare Prescription Drug Part B is an optional benefit to seniors to just drop these programs?

So that is another one of the scare tactics. Yeah, do not vote for this bill because, if you do, the first thing that is going to happen is your company,

that you worked for 30, 35 years, they are going to drop you like a hot potato, as the expression goes.

Let me point out to my colleagues, and I want to call their attention to this first slide. What this slide shows is that, over the last 12 years, the number of large employers who have been offering health care for their retirees, the number that has actually begun to drop this coverage, even before we passed this bill, has been decreasing over these last 12 years. This first part of the slide shows people who are under 65 and are retired. In 1991, 88 percent of them were covered by health care that included a prescription drug benefit. In 2003, this coverage has dropped to 72 percent.

Now, this is for the people who are under 65. What happens now when they become Medicare eligible at age 65? In 1991, the percentage that were covered by their former employer was 80 percent, less than those under 65 who are not eligible for Medicare yet. And the drop off again is substantial, from 1991 to 2003, down to 61 percent.

The point of this first slide is basically to show that this is already happening, this is already happening. And it is not because of the fact that we now are offering a prescription drug benefit to these seniors who now, if they are dropped by these plans by their former employer, they have nothing. They have no coverage at all. And as part of this new Medicare modernization and prescription drug act, and I do not know exactly what the dollar amount of the estimated cost is, the Congressional Budget Office very clearly said to the Congress, it is going to cost $420 billion over 10 years. We have got another number later on that, was over $500 billion, but a significant amount of that money, something like $75 billion dollars is going to these companies, these large companies, large and small companies, to help them wrap around the Medicare prescription drug benefit so they will continue, they will continue to offer health insurance that includes prescription drugs and actually bend this curve, not make it worse, but maybe stop this normal attrition that is already occurring without the prescription drug benefit and the modernization to Medicare. This is already happening. So we are going to turn that curve around. And I sincerely believe that that will happen.

Remember at the outset when I said about some of the Medicare rhetoric, and the first one I think we mentioned was they, the Republican majority, the President, indeed, they are about to take away Medicare as you know it. And the chairman of the Committee on Ways and Means, the gentleman from California (Mr. THOMAS), was quoted as saying, ''Well, we certainly hope so,'' and roundly criticized by our colleagues on the other side of the aisle.

What the chairman meant by that was quite simply, Medicare as we know it has been sorely lacking for all these years, no prescription drug benefit, part A and Part B, yes. But all of the sudden we are going to offer something that hopefully keeps seniors out of the hospital, they now have coverage for that, do they not, under Medicare part A, and out of the nursing home also under Medicare part A, but that coverage is not to infinity.

What happens is, when our seniors go into the hospital, there is a significant co-pay, and they use up their days, and then everything is out-of-pocket. They have to go into a skilled nursing home for a very limited number of days per illness, and then, everything after that is out of their pocket. And in many instances, they literally go broke in a nursing home and have to go on Medicaid and lose a lot of pride and a lot of dignity in the process. But even more importantly, as the gentleman from California (Mr. THOMAS), so concisely and clearly indicated, Medicare as we know it needs improvement. And Medicare as we know it, if we do not do something to improve it and we continue to let people get terribly sick with end-stage renal disease or significant coronary blockage, and they end up in the hospital needing bypass surgery or maybe an amputation, and then possibly spend the rest of their lives in a nursing home because their high blood pressure was not treated in a timely fashion and they suffered what we refer to medically as a cerebral vascular accident but what you know as a stroke, yes, they get treated all right in the hospital and in the nursing home until their money runs out. But is that the compassionate thing to do?

That is Medicare as we know it. That is exactly what the gentleman from California (Mr. THOMAS) was talking about when he said, Medicare as we know it needs to go. We need to improve upon it. And that is what we are going to do, and that is what we are doing with this interim drug discount program. And starting in January 1 of 2006, the opportunity for our seniors, the option or choice, it is not required, of course, but hopefully, just as many who signed up back in 1965. It was President Truman himself, former President Truman who voluntarily signed up for Medicare Part B in 1965; and some 95 percent, maybe more than that, of our seniors who are on Medicare, are voluntarily on Part B because it is a good program.

The taxpayers are paying 75 percent of that premium, even though it has gone up over the years, because the cost of health care has gone up. But that is formula driven. But we need to change Medicare as we know it. And that is what we are doing with this bill, this new law. And I thank God for that. And I think our seniors thank God for that, and they thank this Congress, the Members that voted for this bill, and they thank President Bush for having the courage to see this through and deliver on a promise.

When I came to the Congress in 2003, almost 2 years ago, as only one of seven physician Members on the House side, we have Dr. FRIST, the majority leader on the Senate side, a lot of people told me back home, they said, especially my physician constituency, my friends that I had practiced medicine with for almost 30 years, You are going to go up to Washington and you are going to solve all of our problems, and you are going to explain to the 434 other Members, the non-physician Members how to get it done, what our needs are, what the problems are, what the problems with health care in general but for Medicare and our seniors specifically. We are counting on you. We are counting on you to make sure that everybody else understands this, and we solve the problems.

And I would say to them today, I am working on it. I am trying hard. But what I found when I arrived here is lots of folks, some physicians, many not, who have been working on health care and working to deliver a more modern 21st century health care system for our seniors; the same thing that we Members of Congress enjoy, all of our Federal employees under the Federal health employees benefit program, State employees, people indeed under the TRICARE system, enjoy, 21st century medicine. And there have been many Members in this body who have been working tirelessly for quite a few years before this Member, this physician Member arrived.

One of those is here with me tonight, and I am so proud to call her my friend and colleague. She is not a physician, but her husband is a physician. In fact, he is a retired OB–GYN just like myself. And as the chairman of the Subcommittee on Health of the Committee on Ways and Means, I am going to state that she has been invaluable to me and to all of her colleagues in sharing her knowledge, in making the most complex, arcane part of Medicare law understandable, understandable to me and to all the Members.

So it is with a great deal of pleasure that I recognize her here this evening and let her take as much time as she wants to talk a little bit more about the specifics of this bill. The gentlewoman from Connecticut (Mrs. JOHNSON).

□ 2130

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman very much for yielding. As a representative from Georgia, not only has he been very effective here in this body of the House, but as a physician Member, he has been extremely effective. This is the first time we should have had a critical mass of physicians to participate in these debates, which are striking at the heart of the inadequacy of the public program in regard to our seniors.

Medicine found ways to stop our seniors from dying of heart attacks, but then it left them living with cardiac problems. Medicare as a payor could pay for heart transplants and all those

things that can deal with diagnosed heart illness, but we cannot pay for all those programs that we now know that medicine has now developed to prevent cardiac illness from getting worse and leading people to needing heart transplants and serious heart operations.

That just gives you some idea. When we say Medicare is no longer adequate to provide health care to our seniors, that is what we mean. The whole world has moved into the world of disease management to prevent diseases from getting worse, to identify them real early, prevent them from getting worse, and that is what this bill does.

It will welcome seniors into Medicare in 2006 with a Welcome to Medicare physical. At that physical, we will identify those early signs of diabetes, heart disease, hypertension, and will start then to help seniors manage those illnesses and have the support in managing it and have the medications to manage it so that they do not end up in the emergency room, they do not end up in the hospital beds.

That is why, in the end, we were able to pass this bill, because Members who were concerned about the deficit came to understand that, if you do not modernize Medicare, it will go bankrupt. If you do modernize Medicare, you can move the money from the hospital emergency room treatment setting to the preventative setting and provide both with better quality health care and a financially secure system.

The point that the gentleman made earlier about employer-provided health care for retirees was absolutely right on target. We want our employers to stay in the business of providing retiree health care. We want the big union plans to stay in the business of providing retiree health care, but their fastest growing cost is pharmaceuticals, and it will drive them out of business. It will bankrupt their plans if we do not do something about it.

In this bill, we do do something about it. We share that cost with them, and for that reason, most employers and most unions, most public programs, State employer and municipal employers will be able to stay in the business of providing comprehensive health care for their retirees, including prescription drugs, in a way that they could not have if we had not passed this bill.

So this bill is not only terrific from the point of view of those who already have health care from their employers, it is terrific from the point of view of seniors who do not have good drug coverage. Some have very good, but most do not. They either have no drug coverage or inadequate drug coverage but under this bill, seniors will do very nicely.

If the gentleman has time, I would like to talk a little bit about the prescription drug benefit under this bill.

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman from Connecticut (Mrs. JOHNSON) very much, and if she will, I would like for her to go over that a little bit because I think there is still a lot of confusion about that, and if the gentlewoman can take a few more minutes and explain that. I know the Members would appreciate hearing from her.

Mrs. JOHNSON of Connecticut. Mr. Speaker, a lot of seniors have, first of all, been misled to think that the discount card is the Medicare reform bill. The discount card is not the program. The discount card is only an intermediate step, and it is one that, in my district at least, seniors who were spending $1,000, $1,500 a year on drugs can save considerably through a discount card. They can save usually, at least we are finding, about a third of their costs.

We are also finding that seniors who do not have any drug costs are remembering that if they have a discount card, that if they go to the doctor and he prescribes an antibiotic, which is often over $100, they will be able to save about a third of the cost of that antibiotic when they go to the pharmacy to buy it. So even seniors without regular drug expenditures are recognizing that the discount card is a good thing for them, but it is only an interim step.

The real program that goes into effect a year from January is a very generous program to those who need it the most. For seniors who have incomes under 135 percent of the poverty income; and remember, 50 percent, just think about this, 50 percent of all the retired women all across our Nation are in this category; 50 percent of retired women will have no premium, no deductible. They will get their generic drugs for $1 to $3 and their brand name drugs for $3 to $5. What a giant step forward, for half of America's retired women, to get prescription drugs with no premium at all, no deductible, $1 to $3 for generics and $3 to $5 for brand name. That will mean that none of those seniors will have to make the choice between food on the table or taking the drugs that will keep them healthy.

Then 70 percent of all of our seniors in America, men and women, will have 75 percent of the cost of their drugs paid for under this program. Medicare is an 80/20 deal. We pay 80 percent; you pay 20 percent. Eventually, we will get this Medicare prescription drug benefit back up to that so there will be consistency, but at the beginning, it will be 75 percent government paid, that is, the taxpayers, that is, your children, and 25 percent you pay. There will be a premium, of course, and a deductible. Just like there is a premium and deductible for Medicare part B, there will be a premium and deductible for the prescription drug bill. Although the premium will be far lower than it is for part B. It will not be over $35. It might be a lot less if things continue to go the way they are going.

So Medicare will offer a prescription drug benefit that for 70 percent of America's retirees will cover 75 percent of the cost of all their drugs. Now, if you have very high costs, you will have to spend $3,600 before you get the catastrophic coverage, but that $3,600 can be paid by you, by your children. It can be paid by charitable organizations. It can be paid a number of different ways, and for anyone whose income is 150 percent of poverty, which is about $14,000 I think for a single and about $19,000 for a couple, I think that is about right, anyone under those amounts will not have to pay this $3,600.

Anyone that lives in a State like Connecticut that has a ConnPACE program or like Pennsylvania that has a PACE program, any State program that provides subsidies for seniors with prescription drugs, they will never be exposed to that $3,600, and over time, we will make sure that the $3,600 expenditure for catastrophic coverage is not required of anyone who cannot afford it. But if you can afford it, it is good for you to pay it rather than the taxpayers because it lowers the burden on our children of the enormous costs associated with Medicare, Social Security and Medicaid's payment for long-term care which, when the baby boomers retire, is going to be extraordinary.

So, as a retiree, I will want to pay my share if I need to get to that catastrophic level and if I can afford the $3,600. So this is a totally generous program to those who need it the most. It is a very generous program to 70 percent of seniors because it covers 75 percent of your drugs, and for everyone else, it is very generous up to that $2,250. Then it requires some effort before you reach the 95 percent coverage, but for that effort, you can have help.

We just want to make sure that everyone has the help they need to reach the catastrophic, but it is a very generous program. I am proud of it. I am proud of the way it modernizes the quality of care you will get by, helping you manage your disease so you will not end up on the operative table.

I am extremely proud of the way it revitalizes rural health care because, without this bill, rural doctors would be out of business in many parts of the country. The small rural hospitals would be quietly going under, and we would literally lose that provider system that provides health care in the rural areas.

Medicare is like the post office. We have to be able to deliver everywhere all across the country to every single senior, no matter how small a community they live in, and to do that, we have to make the changes we make in this bill to assure a healthy delivery system of doctors, of hospitals, of home health agencies and of all of those providers that are crucial to a high quality of health care for our seniors all across this America.

So this bill is a huge reform. It revitalizes the quality of care Medicare can deliver. It revitalizes the system so it will truly be a national delivery system, and it modernizes the benefit

package by providing prescription drugs to our seniors. They fought hard for it. They deserved it. Inaction would have been absolutely a travesty, and anyone who voted for inaction when there was an opportunity to advance Medicare in so many areas was really, in my personal opinion, misguided.

The seniors could not wait. They should not wait, and we will have this nationwide new program up and running in January of 2006, and the seniors will benefit for generations to come.

I thank the gentleman from Georgia (Mr. GINGREY) very much for letting me join him for this Special Order on what is a very, very important new opportunity for seniors.

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman from Connecticut, the honorable chairman of the Subcommittee on Health of the Committee on Ways and Means. I know she has got a very busy evening, as all of her evenings here in the Congress are just jam-packed with other obligations, for her to come by tonight and help us share this time and explain, as I said earlier, you can see what I am talking about, she makes it so clear and understandable. I invite her to stay as long as she can, and if she needs to leave, I understand that, but I am very, very appreciative of her work and her expertise. I thank her so much.

What I wanted to say, just kind of in following up on some of her remarks, this is a bipartisan bill. This new Medicare Modernization and Prescription Drug Act that preserves, protects, strengthens and simplifies Medicare as we know it, that is what we are talking about, and I am proud that it was a bipartisan vote.

There were some Members on both sides of the aisle who were concerned about the bill, for different reasons, and voted against it. I think 28 of my Republican colleagues actually voted against passage of this bill, and remember what they said when they came down and spoke against the bill and in a vote of conscience voted against it? They thought that the bill was costing too much; we could not afford it. We could not afford to deliver on this promise.

Their concerns with the deficit, of course, are understandable. Their concerns with the need to continue to successfully wage this war against terrorism and to win is very understandable. So these 28 Members, my colleagues on my side of the aisle, voted no. They wanted to do it. They knew it was a good program that they felt its time had come, but yet did not think we could afford to do it. They voted no.

I think it is an accurate statement to my friends on the other side of the aisle, the Democrats who voted against the bill, most of them felt that we were not doing enough. Another one of those Medicare tactics I was talking about in this Halloween season is, the hole in the donut is too big; the hole in the donut is big enough to drive a truck through.

So they wanted to do more. In fact, the proposal that I heard from a number of Members on the other side of the aisle who voted ''no'' was, well, let us close that hole in the donut so we give better coverage to everybody, especially good coverage to those needy seniors that the gentlewoman from Connecticut was talking about.

□ 2145

But that bill would have cost us something like $2 trillion over a 10-year period of time. And we certainly could not afford that. Yet, for whatever reason, those who felt like we were not doing enough and we needed to do more, and those who felt like even though we were not doing enough we could not even afford that much, that was a vote of conscience on their part. And that is understandable.

But the bill did pass in a bipartisan fashion, a much wider margin, I might add, than the other body, than the Senate. But my Republican colleagues who voted ''no,'' a vote of conscience, you do not hear one single voice from my side of the aisle going around and scaring seniors and telling them do not accept a Medicare prescription drug discount card, this interim program, which is available right now. And many of those beneficiaries are eligible for that $600 credit. All they have to do is pick up the telephone, 15-minute conversation, and they have got that prescription drug discount card, which probably lowers the cost of their prescriptions maybe 20 percent, if it is a brand-name drug, possibly up to 40 percent if it is generic, in addition to the $600 per year or $1,200 over the course of the interim program.

You do not hear my friends who voted ''no,'' a fiscally conservative vote, you do not hear them telling the seniors not to sign up for those cards. But you do hear that from my colleagues on the other side of the aisle who voted ''no.'' Again, a vote of due conscience because they thought we were not doing quite enough, that we needed to do more. Wish we could. Hopefully, as the gentlewoman from Connecticut (Mrs. JOHNSON) said, as we go further along into this program, we will be able to do more; and we will work with our colleagues on the other side of the aisle to try to make it a program, which is already a great first start, even better as we go forward, as we can better afford to do more.

Oh no, that is not enough for them. They have to scare seniors, and they have been doing it ever since December of 2003. Not just this Halloween season, but of course the rhetoric is getting a little more heated now because not only are we getting close to Halloween but we also are getting closer to November 2, and we all know what November 2 is. So it is all about who gets the credit or, from their perspective, who gets the discredit. They want to scare the seniors enough and tell them do not even accept the prescription drug discount card, when they can get $600 a year credit in their medications and, in many instances if they are a low-income senior, will cost them nothing. Unbelievable. Unbelievable.

The gentlewoman from Connecticut was talking a little bit about the basic program, the part B, the insurance program, that will be available as a voluntary option in January 2006. For the average senior whose income is, let us say, more than $18,000 to $20,000 a year, this is what the program will cost. And I want to call my colleagues' attention to this slide.

Basically, $35 a month premium, a $250 deductible per year, and then 25 percent copay. That means the good news is Medicare and the general taxpayer, those individuals who are still out there in the workforce paying that payroll tax, cover 75 percent, up to $2,250.

Now, yes, there is a gap in coverage. This is what we refer to as the hole in the donut. And beyond that point, until the senior has spent $3,600 out of pocket, there is no coverage and the senior has to pay 100 percent. That is the part we are going to improve as time goes on. But the good news in that, the glass being half full and not half empty, is that when they reach that point, then the coverage is 95 percent insurance and 5 percent copay.

Mr. Speaker, I want my colleagues to pay attention to this next slide, just to give them an example of some of the savings that will be affected by this interim prescription drug discount program. If a senior is paying today $100 per month for prescription drugs, and believe me those who have had those town hall meetings and talked to their seniors, many of them are paying $100 a month, some are paying $500 a month and more. But let us just take $100 a month. They will have an annual savings of $773, basically reducing their annual prescription cost for drugs, for prescription drugs, by 64 percent.

Let us take another example. Let us say it is $500 a month. Let us say it is a senior, someone like myself, who has had a little heart surgery and is on four medications a month, each one of them costing $100-plus. Pretty quickly they are up to $500 a month. Well, this prescription drug plan, over a period of a year, is going to save them $2,700, reducing their annual cost by 45 percent.

Let us continue. How about $800 a month? How many have relatives, parents, or grandparents who may be on six or eight prescription drugs a month and they are paying over $800 a month? The annual savings, $5,871, some 61 percent reduction of their annual cost for prescription drugs. Simply amazing.

Mr. Speaker, I think it was the Honorable Speaker Tip O'Neill who said a few years ago ''all politics is local,'' so let me spend a few minutes talking about my district, the 11th in Georgia. I want to call my colleagues' attention to this slide.

In Georgia's Eleventh Congressional District alone, the average senior will save $1,488 off their prescription drug

costs over 18 months. Over an 18-month period of time $1,488 savings. That is not pocket change. That is certainly not pocket change for seniors, many of whom are on a fixed income. These savings represent 42 percent off of the typical senior's drug cost.

In fact, it is estimated that prescription drug savings for the State of Georgia, all the seniors in the State of Georgia will reach $186 million; $186 million. That will certainly help the bottom line in Georgia, and the bottom line especially for our needy seniors.

I also want to call attention to this next slide. This is just a typical example of what a Medicare prescription drug discount card looks like. And I guess the most important thing here, and I know we have 1.8 million seniors who have these, but we want more to take advantage, because the time is slipping away and the opportunity to get that credit that so many of them are eligible for. We do not want them to lose that opportunity. But the most important thing about this card is that it has the Medicare seal of approval. That way you know that that is the real deal. That is the card.

There will be plenty to choose from. They are available now. In fact, they have been available since June 1 of this year. It is time for our seniors to reject the Mediscare rhetoric and get these cards. Sign up for them. All you have to do is pick up that telephone and dial 1–800–Medicare, and they will walk you through the steps in 15 or 20 minutes.

Mr. Speaker, this is another slide that I am calling my colleagues' attention to; and basically what it reflects in the respective States is how many Medicare beneficiaries are there who will actually pay no more than $5 per prescription under this new Medicare Modernization Act and Prescription Drug Bill. The State that, of course, jumps off the page at me is my State. I am sure my colleagues feel the same as they look at this slide and pick out their State, whether you are from the West, the North, the East, the South, or wherever, or in the heartlands.

When I look at Georgia, the great State of Georgia, and realize that 233,000, 233,000 Georgians under this new plan, because of their income, because they are on a fixed income, maybe they are below 150 percent of the Federal poverty level, the most that they will pay on this program is $5 per prescription. That is it, $5 per prescription. That is 233,000 in the great State of Georgia.

We have some tremendous strains, of course, in the Medicare program. I mentioned at the outset how tough it is for the physicians to stay in the program, that it is not a giveaway. Part B is not a giveaway to the doctors. Fortunately, many, through compassion, are staying in the program. But it is certainly no giveaway. And for sure no giveaway to our hospitals is part A. And, parenthetically, part D, the prescription drug part, is no giveaway to the pharmaceutical industry.

But just look at this slide, my fellow colleagues. Look at this and pick out your State and see the benefit to your hospitals, especially your rural hospitals, that are struggling so badly to keep those doors open. Outside of the school system, they are probably the largest employer in your county, in your congressional district. Just look at the benefit that your State gets through the hospitals under this program.

Here again, I go right to Georgia, and that is where it is most important to me. Over $550 million worth of benefit to the hospitals, especially the rural hospitals in the State of Georgia. That is $550 million, almost half a billion dollars. This is a Godsend to these hospitals. And that is what we are doing with this Medicare and Modernization Prescription Drug Act.

Mr. Speaker, I realize we are coming to the close of our hour, which has been, I think, a good time to spend talking with my colleagues and making sure that everybody understands. We have done something very historic in this 108th Congress. We have finally delivered on a promise that was made a long time ago. Thirty-eight years is a long, long time for our seniors to wait for a prescription drug benefit to modernize this Medicare program, which is still in the 20th century.

The rest of us, those of us who are not yet quite 65, although some Members of this body are, we have a benefit plan that has an emphasis on wellness, on prevention, and making sure that catastrophic illnesses do not occur to us.

□ 2200

This is such an important point to remember that including a prescription drug benefit may very well, in the long term, over a 10-year period of time, result in some savings to the Medicare program. Yes, we are estimating it might cost $500 billion over 10 years, but I want my colleagues to understand that it will only cost $500 billion over 10 years if it does not work. Because I would suggest that if it does work, and I sincerely believe as the President believes in this compassionate effort to finally deliver that we are going to reduce the cost of Medicare that we spend on part A, the hospital part, we are going to keep people out of the hospital. We are going to reduce the cost of part B, the part of Medicare that we spend on physician reimbursement because we are not going to be doing as much open heart surgery. We are not going to be doing as much renal dialysis and kidney transplants. We are not going to have as many people in the nursing homes for the rest of their lives who are trying to recover from a CVA, or, as you know it, a stroke, because these seniors will be able to control that high blood pressure that heretofore they could not. They knew they had it but they could not take their medication, and the only benefit they get is when a catastrophe has occurred.

I thank my colleagues for giving me an opportunity to talk to them tonight about this great program that is going to only get better. I think it is time to stop scaring our seniors. We have got 27 days before Halloween. We have got about 30 days before our elections. Let us take the politics out of this. Let us not try to ride our reelection train on the back of our seniors by scaring them over this program. It is unconscionable to do that. They deserve so much better. And you are better. I know that.

We get awfully partisan up here sometimes, but when we talk out in the halls or we realize that we are all basically the same, we have got families, we have got children, we have got grandchildren, we have got seniors in our district, let us all work toward the betterment of them through this program and quit scaring our seniors. Beyond this Halloween and this election and going forward in the 109th Congress, we will make this program even better than it is now.

THE NATIONAL DEBT

The SPEAKER pro tempore (Mr. MURPHY). Under the Speaker's announced policy of January 7, 2003, the gentleman from Tennessee (Mr. TANNER) is recognized for 60 minutes as the designee of the minority leader.

Mr. TANNER. Mr. Speaker, I come here to the floor tonight to talk about something that is not very pleasant to think about, much less talk about, but as President Jimmy Carter once said, the highest office in this land of ours is that of citizen, because the citizen makes the determination as to the course that our country's leaders take. All of us are citizens, and therefore, all of us ought to be aware of what I consider to be a grave and growing danger, maybe second only to terrorism in our country tonight. The issue that I am referring to is our Nation's overwhelming Federal debt. I do not believe most of our citizens, the highest officeholders in this land, realize just how bad this debt and deficit is and how much it is rapidly deteriorating in terms of our Nation's financial balance sheet.

We have embarked for the last 4 years on an unprecedented and unsustainable borrowing binge that is going to place our citizens in hock not only from the standpoint of paying ever-increasing taxes just to service the debt, much like we do our credit card debt, but what we are doing to ourselves, to our country and to our children and grandchildren.

Let me talk to you a little bit about mind-numbing figures, numbers. I will try to limit that, but let me just try to explain. We hear two different debt numbers. We hear of our Federal debt being $7.3 trillion, and it is. That is the total obligation of our country vis-a-vis our deficits, our budgets and so on. About $3 trillion of that $7.3 trillion is money basically that we owe to each other; we owe to the Social Security